

| | | | | | | | | | | | |
|----|-----|----|----|---|----|----|---|----|----|----|----|
| 1 | | 2 | | 3 | | 4 | | 5 | | 6 | |
| D | 007 | | | | | | | | | | |
| 23 | - | 26 | 23 | - | 26 | 23 | - | 26 | 23 | - | 26 |
| 7 | | 8 | | 9 | | 10 | | 11 | | 12 | |
| | | | | | | | | | | | |
| 23 | - | 26 | 23 | - | 26 | 23 | - | 26 | 23 | - | 26 |

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25 | 26 | 27 | 28 | 29 | 30 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 23 - 24 | 23 - 24 | 23 - 24 | 23 - 24 | 23 - 24 | 23 - 24 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 22 - 24 | 23 - 24 | 23 - 24 | 23 - 24 | 23 - 24 | 23 - 24 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| 23 - 24 | 23 - 24 | 23 - 24 | 23 - 24 | 23 - 24 | 23 - 24 |

[illegible]

☐ 4. TOXIC
(D000)

4-30-82

ATLANTA, GA.
MAY 20 1982
WEST ENGINEERING



Ronald H. Levine, M.D., M.P.H.
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES
P.O. Box 2091
Raleigh, N.C. 27602-2091

May 14, 1982

John Herrmann, Chief
Technical Support Unit
Residuals Management Branch
EPA Region IV
345 Courtland Street, NE
Atlanta, GA 30308

RE: National Steel Corp.

Dear John:

Attached is notification application and/or applications for EPA ID numbers.
Please process them and return the originals with the ID numbers assigned.

Cordially yours,

O. W. Strickland, Head
Solid and Hazardous Waste Management Branch
Environmental Health Section

OWS/EB/yr

Attachment

cc: file

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0078 Expires 9-30-88
GSA No. 0246-EPA OF



Notification of Hazardous Waste Activity

United States Environmental Protection Agency
Washington, DC 20460

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

[illegible]

| | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|----------|---------------------------|---|---|-----------|-------|--|--|--|--|--|--|--|
| Installation's EPA ID Number | | | | | | | | | Approved | Data Received mo. day) | | | ROWAN-159 | | | | | | | | |
| C | N | C | D | 0 | 5 | 5 | 1 | 6 | 6 | 3 | 3 | 4 | | T/A C | | | | | | | |
| F | | | | | | | | | | | | | i | | | | | | | | |

I. Name of Installation

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N | a | t | i | o | n | a | l | A | l | u | m | i | n | u | m | R | o | l | l | i | n | g | D | i | v |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

II. Installation Mailing Address

| | | | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| Street or P.O. Box | | | | | | | | | | | | | | |
| 2 | 0 | B | O | X | 1 | 3 | 8 | 8 | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|-------|---|----------|---|---|---|---|---|
| City or Town | | | | | | | | | | | | | | | State | | ZIP Code | | | | | |
| 4 | S | a | l | i | s | b | u | r | y | | | | | | | N | C | 2 | 8 | 1 | 4 | 4 |

III. Location of Installation

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|---|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|
| Street or Route Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | 1 | 7 | 0 | 9 | | S | a | l | i | s | b | u | r | y | | B | o | u | l | e | v | a | r | d | | S | o | u | t |

| City or Town | | | | | | | | | | | | | State | ZIP Code | |
|--------------|---|---|---|---|---|---|---|---|--|--|--|--|-------|----------|-------|
| S | a | l | i | s | b | u | r | y | | | | | | NC | 28144 |


IV. Installation Contact

| Name and Title (last, first, and job title) | | | | | | | | | | | Phone Number (area code and number) | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | S | u | i | t | l | a | s | J | o | h | n | E | N | V | M | G | R | 3 | 0 | 4 | 7 | 9 | 7 | 5 | 0 | 2 | 7 |

V. Ownership

| A. Name of Installation's Legal Owner | | | | | | | | | | | | | B. Type of Ownership (enter code) | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|--|---|---|---|---|-----------------------------------|---|---|---|--|---|
| N | a | t | i | o | n | a | l | | A | l | u | m | i | n | u | m | | P |

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

| A. Hazardous Waste Activity | | B. Used Oil Fuel Activities | |
|---|---|---|---|
| <input checked="" type="checkbox"/> 1a. Generator | <input type="checkbox"/> 1b. Less than 1,000 kg/mo. | <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below) |  |
| <input type="checkbox"/> 2. Transporter | | <input type="checkbox"/> a. Generator Marketing to Burner | |
| <input type="checkbox"/> 3. Treater/Storage/Disposer | | <input type="checkbox"/> b. Other Marketer | |
| <input type="checkbox"/> 4. Underground Injection | | <input type="checkbox"/> c. Burner | |
| <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below) | | <input checked="" type="checkbox"/> 7. Specification Used Oil Fuel Marketer (Or On-Site Burner) Who First Claims the Oil Meets the Specification. | |
| <input type="checkbox"/> a. Generator Marketing to Burner | | | |
| <input type="checkbox"/> b. Other Marketer | | | |
| <input type="checkbox"/> c. Burner | | | |

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☒ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

| <input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C) | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="10" style="text-align: center; padding: 5px;">C. Installation's EPA ID Number</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> | C. Installation's EPA ID Number | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C. Installation's EPA ID Number | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

N-2^c
N-3

| | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|-----|---|
| ID — For Official Use Only | | | | | | | | | | | | | |
| C | | | | | | | | | | | | T/A | C |
| W | | | | | | | | | | | | | 1 |

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable (D001)

☐ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|------------------------------------|---|------------------------|
| Signature <i>Willie Johnson</i> | Name and Official Title (type or print) Willie Johnson | Date Signed 1-24-86 |
|------------------------------------|---|------------------------|



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET, N.E.
ATLANTA, GEORGIA 30365

APR 15 1991

4WD-RCRAFFB

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NCD055166334
NORANDAL USA, INC.
SUTHERLAND STEPHEN
PO BOX 1388
SALISBURY

NC 28144

RE: Notification of the New Boiler/Industrial Furnace Regulation

Dear Sir/Madam:

On February 21, 1991, the U.S. Environmental Protection Agency (EPA) published new regulations under the Resource Conservation and Recovery Act (RCRA) pertaining to the burning of hazardous waste in certain boilers and industrial furnaces (BIFs). This activity was previously exempt from RCRA regulation. The purpose of this correspondence is to inform owners/operators that by May 22, 1991, an EPA Form 8700-12, "Notification of Regulated Waste Activity," must be submitted to EPA's Region IV office in Atlanta, Georgia. A copy of this form is enclosed for your convenience. Renotification is not required if a facility previously notified the Agency of hazardous waste fuel activity under 40 CFR §266.35.

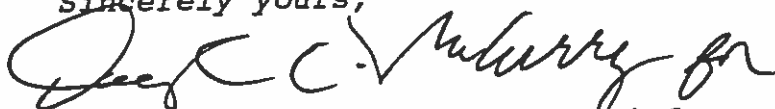
The enclosed Summary Fact Sheet was prepared to assist the potentially regulated community in determining if the new regulations are applicable to their operation. This determination of applicability is to be made by the owner/operator of the potentially affected facility, not by EPA. The fact that you have received this letter does not necessarily mean you are subject to notification requirements.

The new regulation contains critical dates and time frames for completion of certain requirements for newly regulated, interim status and permitted facilities. We strongly recommend that you obtain a copy of the rule and preamble (56 Federal Register pp. 7134-7240, February 21, 1991), and carefully review it in its entirety to determine exactly what parts, if any, apply to you. A copy of the rule and preamble is available through EPA's RCRA Hotline in Washington, D.C., at (800) 424-9346 (toll free).

If you determine that the new rule does not apply to you, we would greatly appreciate it if you would pass this information along to any other facility owner/operator(s) you know of that may be subject.

If you have questions regarding this information, please contact Ms. Beth Antley, Regional Hazardous Waste Combustion Expert, in EPA's Region IV office in Atlanta at 404/347-3433, or the RCRA Hotline.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "James H. Scarbrough". The signature is fluid and cursive, with a large initial "J" and "S".

James H. Scarbrough, P.E., Chief
RCRA and Federal Facilities Branch
Waste Management Division

Enclosures: Summary Fact Sheet
EPA Form 8700-12



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NCD055166334

REPUBLIC FOIL
ELECTROCHEMICAL DIVISION
P.O. BOX 1388
SALISBURY, NC 28144

INSTALLATION ADDRESS

KLUMAC & OLD CONCORD ROAD
SALISBURY, N. C. 28144

EPA Form 8700-12B (4-80)

6/23/82



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CD055166334

REPUBLIC FOIL/DIV OF NAT ALUMINUM
PO BOX 1388
SALISBURY NC 28144

INSTALLATION ADDRESS

SALISBURY BLVD & CONCORD RD
SALISBURY NC 28144

EPA Form 8700-12B (4-80)

06/08/83